

DOCUMENT RESUME

ED 376 412

CG 025 828

AUTHOR Heimann, G. Allen
TITLE Challenges in HIV/AIDS Education: Implementing a Program Placing the HIV Positive Child into the Classroom.
PUB DATE 93
NOTE 16p.; Paper presented at the Annual Meeting of the American Psychological Association (101st, Toronto, Ontario, Canada, August 20-24, 1993).
PUB TYPE Speeches/Conference Papers (150) -- Reports -- Descriptive (141)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Adolescents; *Child Health; Children; Educational Environment; Elementary Secondary Education; Enrollment; Foreign Countries; *Health Conditions; Health Education; *Public Opinion; *School Community Relationship; School Personnel; Social Attitudes
IDENTIFIERS *Ontario (Windsor); United States

ABSTRACT

This presentation transcript discusses the roles of schools and the public following the enrollment of ten elementary and secondary school students who have AIDS in Windsor, Ontario, Canada. The processes used to allow the children to enter or re-enter the classroom with minimal conflict are discussed. Since the opportunities for transmission of the virus are negligible during the school day, the public needs to know that extraordinary measures are not required to protect students and that the afflicted students need not be identified. The writer recommends that public meetings be held off school grounds to move focus away from the school and to allow for peripheral issues surrounding AIDS, such as adolescent sexual activity and drug use. School staff also have concerns, particularly about their risk of exposure, and teachers and administrators must be prepared to discuss the issue. Six figures highlight points made in the presentation. (RJM)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ABSTRACT

Challenges in HIV/AIDS Education:
Implementing a Program

Placing the HIV Positive Child into the Classroom

G. Allen Heimann, MD, MHSc
Medical Officer of Health
Windsor-Essex County Health Unit
Windsor, Ontario, N9A 4J8

Windsor, Ontario, is a border community located next to the City of Detroit, Michigan. The first case of AIDS was diagnosed in 1984. Since that time, 262 HIV positive/AIDS cases have been formally diagnosed. These cases include 10 children who are HIV positive and who are currently in school or pre-school. The presentation will discuss the processes used to allow those children to enter or re-enter the classroom with minimal conflict. The teaching required, while complementary to a general AIDS education program, varies somewhat in emphasis. Program content focuses on the absence of risk to the students and staff and stresses an understanding of the needs of persons living with AIDS and the Human Immunodeficiency Virus. The author will discuss approaches made to students, parents, school staff, and the media.

The author agrees to participate in the Symposium Program.

G. Allen Heimann, MD, MHSc

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it
☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

G. A. HEIMANN

The AIDS pandemic has been with us now for over ten years.

A recent editorial written in Science on a survey of 150 AIDS researchers begins with the message: "the more we learn, the less certain we are."

This short presentation will review some of the practical aspects of dealing with reactions to children with AIDS/HIV in schools.

The character of the pandemic has changed but as the 19th French Philosopher Alphonse Karr said:

"the more things change, the more they stay the same."

This is especially true with the reaction to children with AIDS and HIV in schools. One would think that we should have learned much since the days of Ryan White, but 5 years is a long time in a pandemic and many people in schools today, both students and staff, don't even recall that name.

In June 1993, the Centers for Disease Control reported that 40 percent of all AIDS cases occur between the ages of 25 and 35. This means that it is likely that many of these persons were infected in their teens and early twenties.

In the earlier days of the AIDS pandemic, children with AIDS/HIV had become infected with the virus through receipt of blood or blood products. Now more students are at risk through sexual contacts and IV drug use. We are in a hiatus as far as public coverage of students and AIDS is concerned. The notoriety of the first students with AIDS has ebbed and the awareness associated with the newer risk factors has not yet become evident in Canada.

The experience with AIDS/HIV in Windsor has paralleled the Canadian experience. Because of our proximity to the United States we should soon see our statistics changing to parallel that of the US.

Insert Figure 1 about here

Windsor, Ontario, is a Canadian community of 200,000 persons located across the border from the City of Detroit, Michigan, a city of 1.1 million. The first case of AIDS in Windsor was diagnosed in 1984. Since that time over 300 HIV positive/AIDS cases have been formally diagnosed. The local public health organization, the Windsor-Essex County Health Unit (WECHU), and a non-governmental organization, the AIDS Committee of Windsor (ACW) have been instrumental in the community in advocating and organizing programs for the prevention of the transmission of the virus and for the care of persons with AIDS and HIV.

Insert Figure 2 about here

Windsor is a manufacturing community which is focused on automobile production. It is located in Essex County which is comprised of rural farming communities. The total population of the Windsor-Essex County Health Unit area is about 300,000.

Insert Table 1 about here

The incidence of AIDS cases in Canada (Health and Welfare Canada [HWC], 1992) differs significantly from the incidence rates in the United States (Centers for Disease Control [CDC], 1991, 1992). Not only is the incidence of cases significantly less, but also the incidence seems to be growing at a much slower rate. Earlier models had speculated that Canada was simply five years behind the United States in its incidence rates, however this does not appear to be the case. Canadian rates are now predicted to plateau at a lower level.

Insert Table 2 about here

One of the explanations for the differing rates may be due to the difference in risk factors. Canada appears to have significantly fewer cases where IV drug use is identified as the risk factor. Intravenous drug use is identified as a risk factor in 6% of cases in Canada (HWC, 1992) compared to 30% of cases in the United States (CDC, 1992). There is a corresponding increase in homosexual/bisexual activity identified as a risk factor with the other factors remaining relatively equal.

Insert Table 3 about here

Although the numbers are small, the patient statistics of the Windsor HIV Care Clinic (M. Sutton, personal communication, July 13, 1992) are closer to those of the United States than those of Canada. Windsor statistics show intravenous drug use as a risk factor in 13% of cases compared to 6% of Canadian cases and 30% of cases in the United States. Women are also represented to a greater extent than in the Canadian national statistics. Women make up 14% of the patients of the Windsor HIV Care Clinic compared to 5% of the cases reported nationally (HWC, 1992).

The Windsor-Essex County area has 60,000 students attending 134 elementary and 29 secondary schools of which 78 are public, 72 separate catholic, and 10 private.

Since 1989, ten elementary and secondary school students with AIDS have entered or re-entered the school system in Windsor with minimal disruption.

Insert Figure 3 about here

My experience in dealing with AIDS and schools leads me to believe that the players in this area fall into three groups: Student - School- Public. The first is the student including family, friends, support and health care workers. The focus of this group is providing support for the student and is worthy of a seminar in itself. John Nelson will be specifically addressing this subject. I will focus on the two other groups whose actions significantly add to or detract from the student's participation in school activities

Insert Figure 4 about here

There are some topics which are common to the school and public groups. Since the opportunities for transmission of the virus are negligible during the school day, it is important to emphasize that the virus is not transmitted during normal aspects of education and social intercourse. This provides reassurance to the public and reinforces the concept that extraordinary measures are not required to protect students. This also reduces the stigma on those persons who may carry the virus. A discussion on the prevalence of the disease is important to put concerns about AIDS in perspective. It is also necessary to emphasize the requirements for confidentiality and to make clear the point that not only will the identities of carriers of the virus not be revealed, but also that it is not necessary to do so.

Insert Figure 5 about here

School staff have some particular concerns. The number one question in the minds of school staff is their personal risk of exposure. That concern usually underlies all of the discussion. Because of this it is important to meet with teachers and administrators as a group in the school.

Insert Figure 6 about here

The concerns of the public are somewhat different. They tend to be focused on broader issues and often these issues relate to more peripheral concerns regarding exposure, such as sexual activity and drug use in adolescents. I generally try to meet with members of the public away from the school in an attempt to move the focus away from the school. It is often worthwhile to meet with groups separately so as not to confuse issues of transmission, sexuality, sexual orientation or drug use.

In my brief discussion, I have focused on school staff, parents, public and the media rather than on students. In my experience, the students are the least persons of concern when dealing with acceptance of the topics surrounding AIDS and HIV. They generally have the best information and are most accepting of their peers.

In summary, if you work with children in schools, you have to deal with AIDS in children.

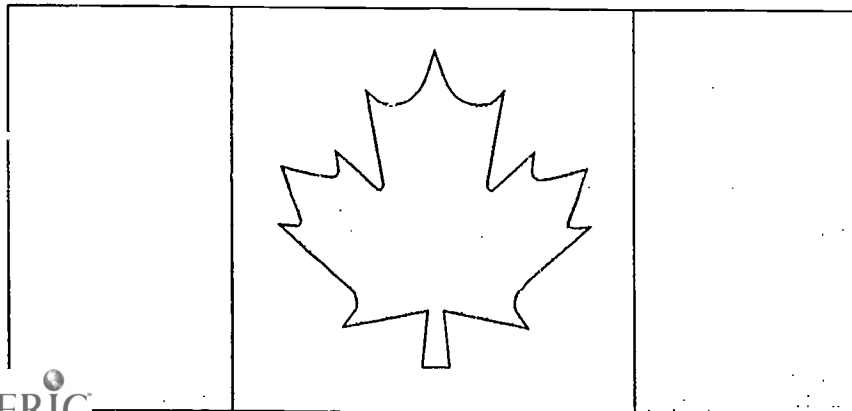
References

Centers for Disease Control. (1991). Summary of notifiable diseases, United States, 1990. Morbidity and Mortality Weekly Report, 39(53), 55-56.

Centers for Disease Control. (1992). Update: Acquired Immunodeficiency Syndrome - United States, 1991. Morbidity and Mortality Weekly Report, 41(26), 463-468.

Health and Welfare Canada. (1992). Surveillance Update: AIDS in Canada. Ottawa, Ontario: The Queen's Printer.

AIDS IN CANADA



7

FIGURE 1

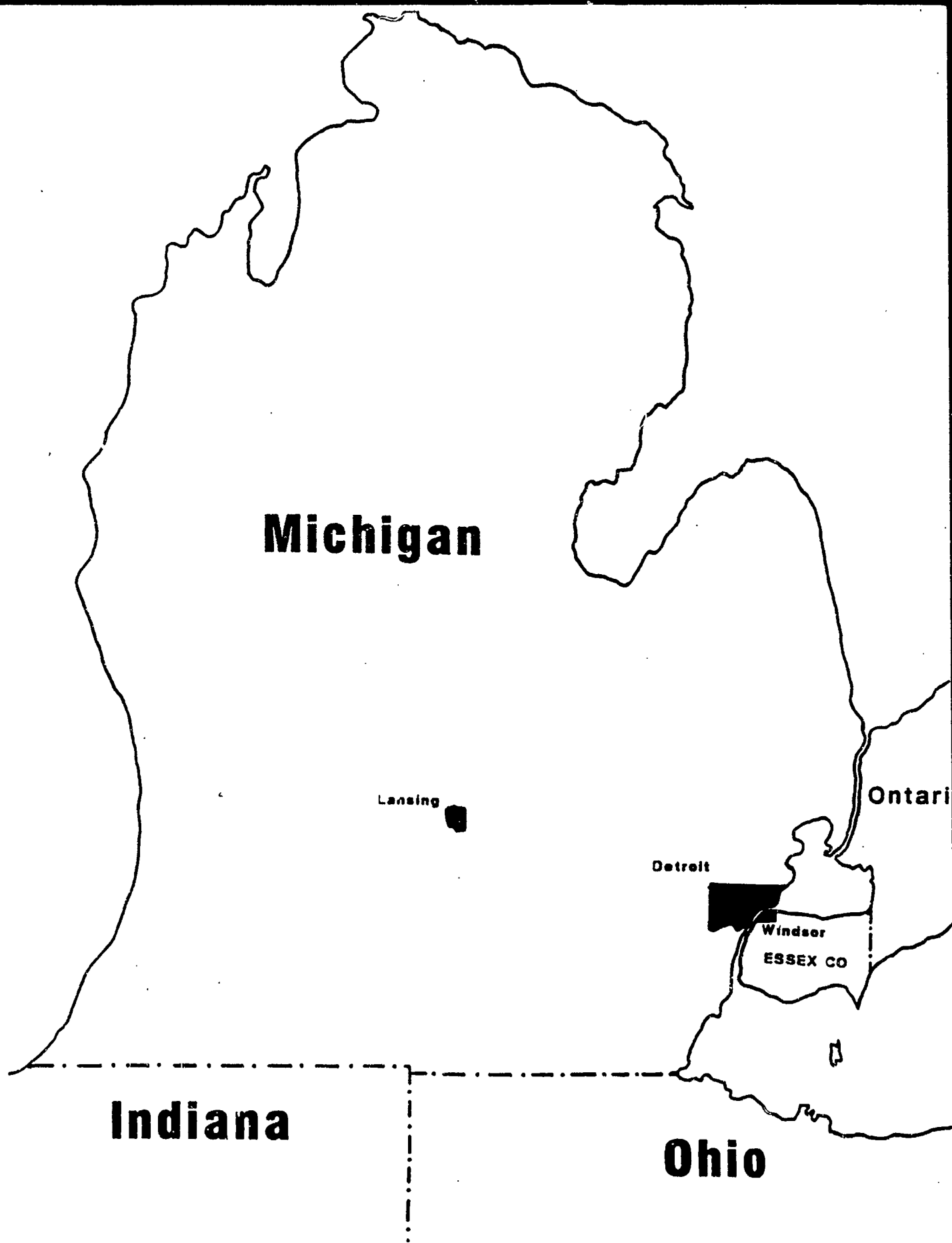


FIGURE 2

AIDS INCIDENCE

United States/Canada

1984 TO 1992

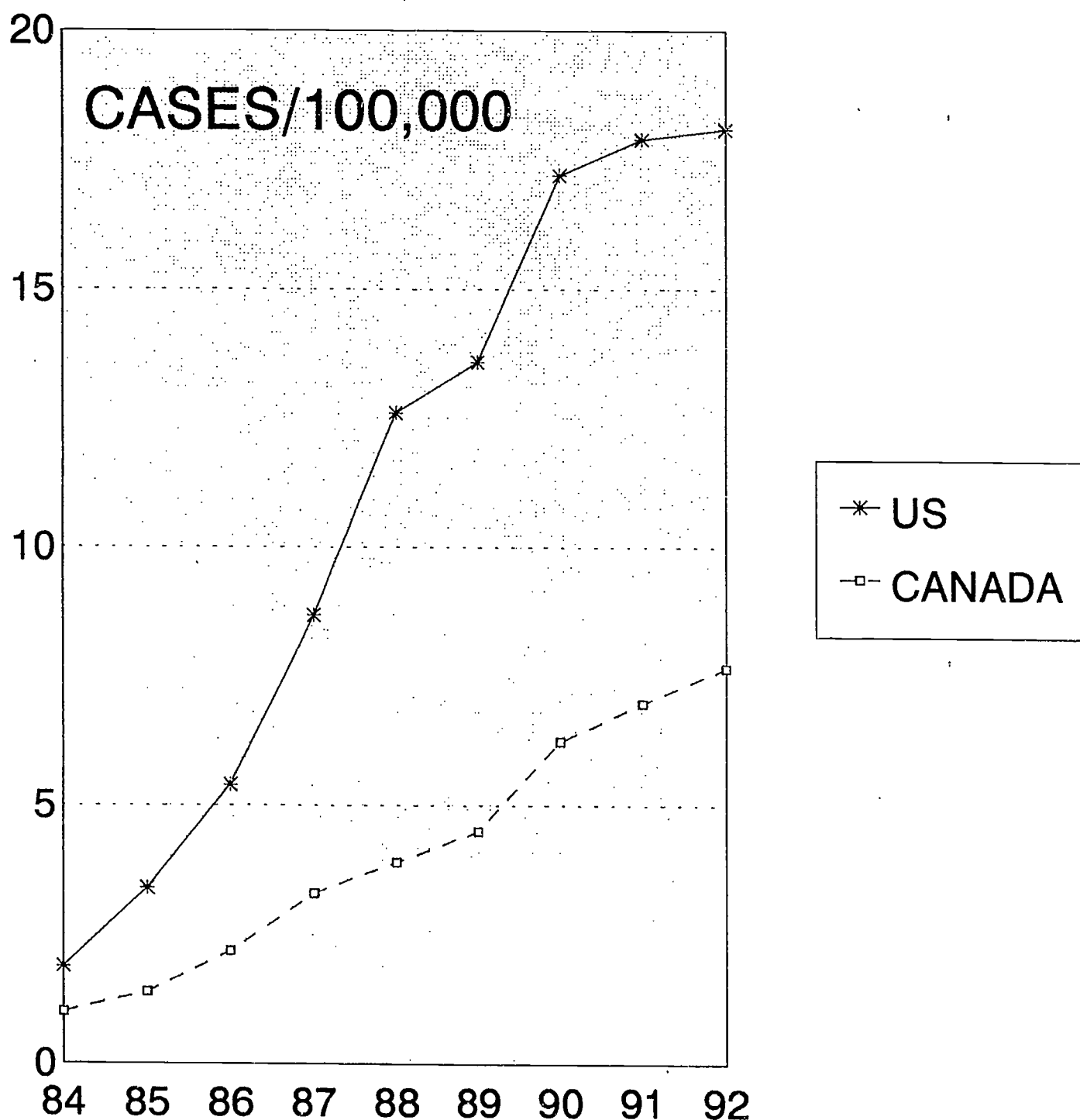


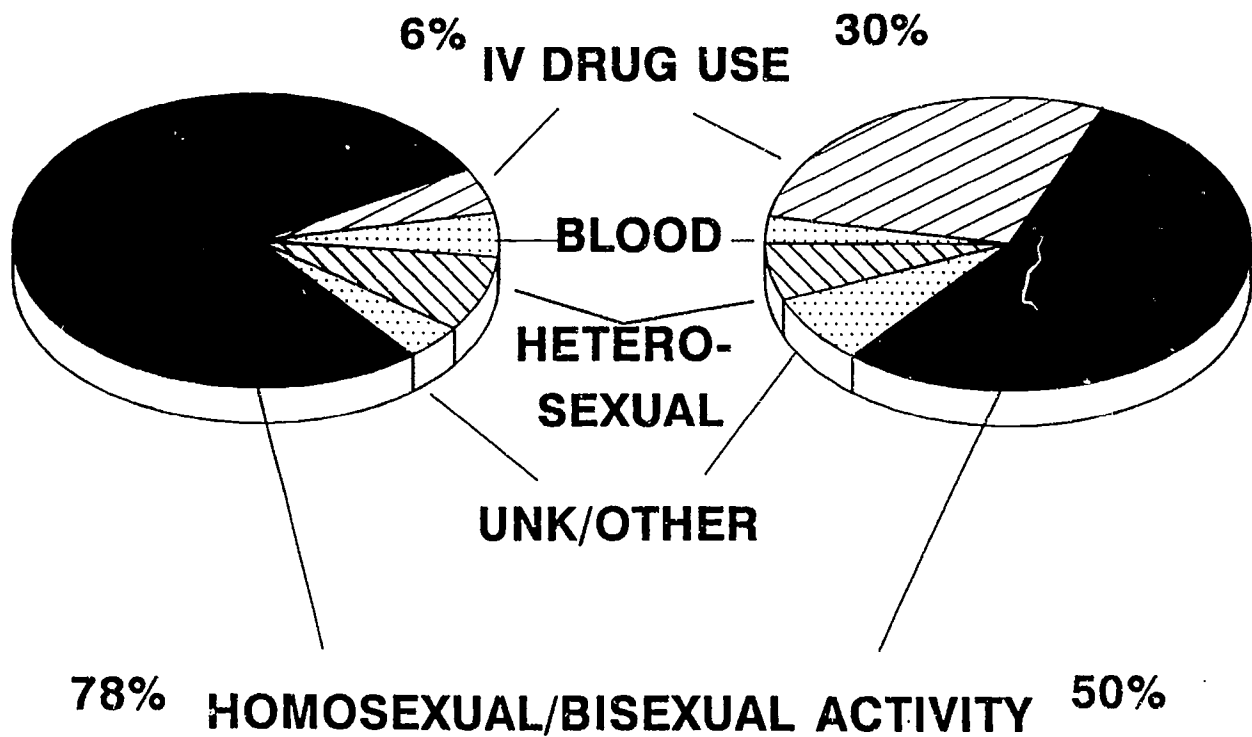
TABLE 1

RISK FACTORS 1993

CANADIAN VS US ADULT CASES

CANADA

US

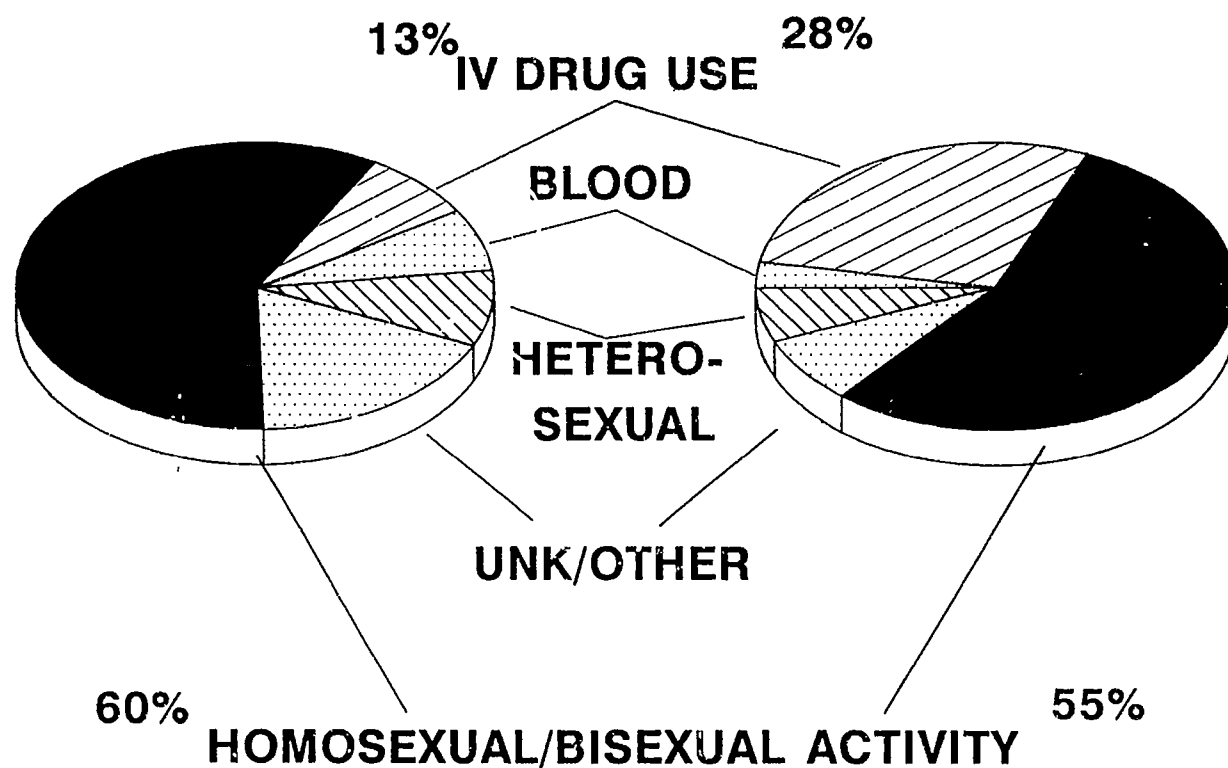


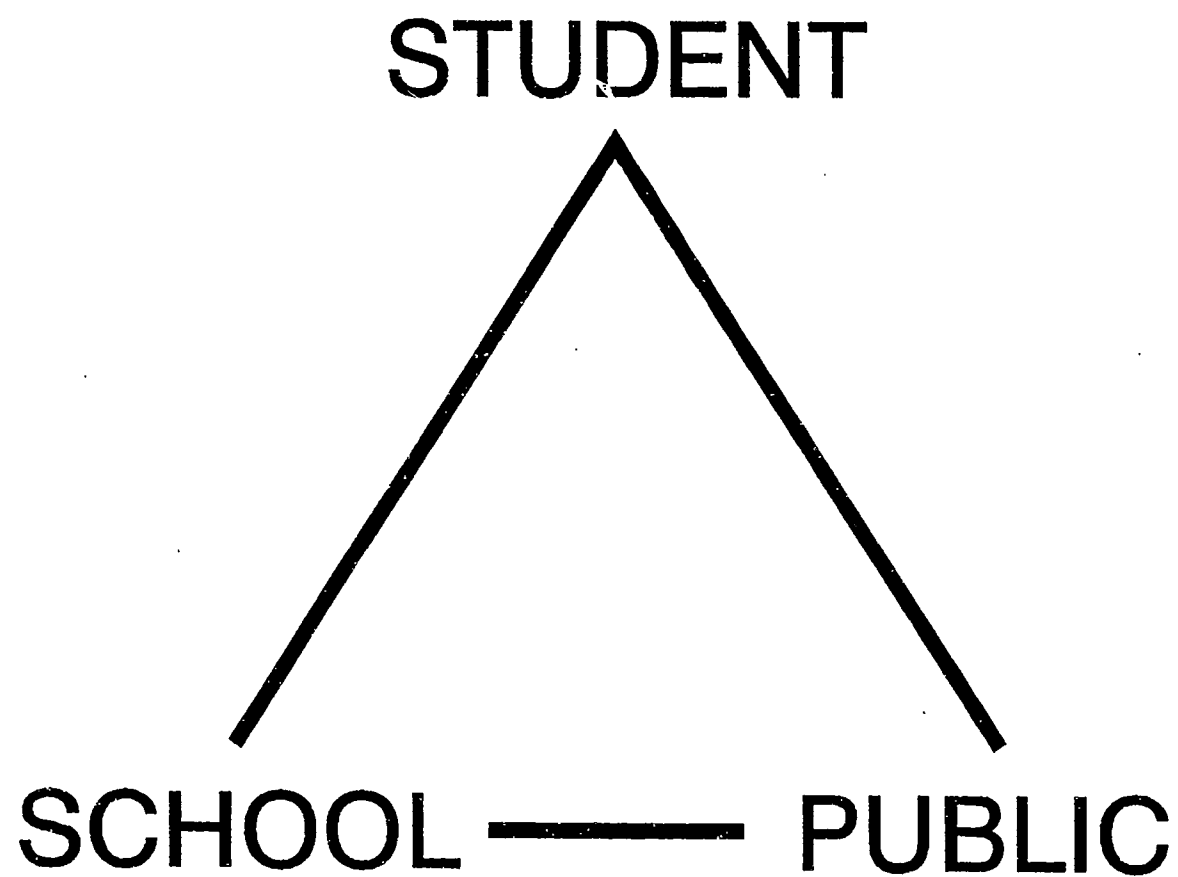
RISK FACTORS 1993

WINDSOR VS US ADULT CASES

WINDSOR

US





SCHOOL - PUBLIC

POINTS FOR EMPHASIS

- How the virus is NOT transmitted
- Prevalence of the disease
- Confidentiality

SCHOOL

Teachers - Administration - Board

- Be Pro-Active Anticipate Concerns
- Try To Meet In The School
- Try To Meet As One Group

PUBLIC

PARENTS - PUBLIC - MEDIA

- **Be Pro-Active Anticipate Concern**
- **Try To Meet Away From The School**
- **Try To Meet Groups Separately**